MAX ART
For Better Health and Zero New HIV Infections



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Patients' Out-of-Pocket Expenditures for ART in Swaziland

Introduction

There is limited evidence on patient expenditures for antiretroviral therapy (ART) in the public-sector health systems in sub-Saharan Africa. This knowledge gap is becoming increasingly problematic as countries expand ART treatment eligibility, dramatically increasing the number of people eligible for ART. Carried out as part of the Early Access to ART for All implementation trial in Swaziland, this study aims to determine patients' out-of-pocket expenditures for attending ART care in Swaziland.

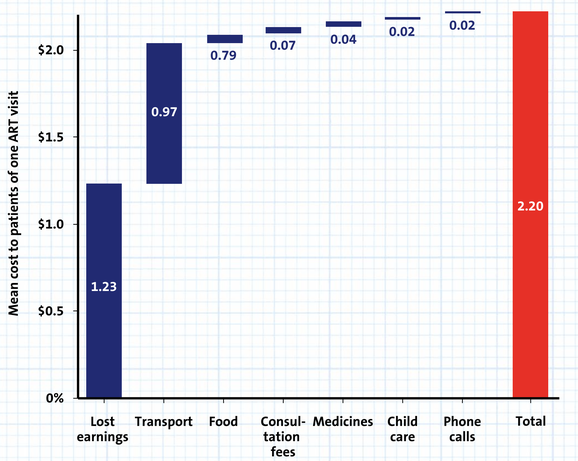
Methods

The study took place at 14 healthcare facilities, including high- and low-volume facilities and one regional hospital, in the Hhohho region of Swaziland from July 2014 to August 2016. Questionnaires were administered in patient exit interviews on randomly selected clinic-days. Costs in the local currency were converted to US dollars using the average exchange rate for the data collection period. Standard errors were adjusted for clustering at the level of the healthcare facility.

Results

- The questionnaire was administered to a total of 742 patients
- 25% (95% CI: 18–32%) of patients reported not having incurred any expenditure on the day of the interview
- The average total out-of-pocket expenditure for an ART visit was $2.2 (95% CI: $1.5–2.8) across all interviewed patients, and $2.8 (95% CI: $2.1–3.5) for those who reported any expenditure
- 11% (95% CI: 8–13%) of patients indicated that they lost income as a result of the time required to attend today's ART visit—mean income loss for these patients was $34 (95% CI: $18–87)
- On average across all respondents, 56% of costs were incurred from lost earnings to attend the visit, 36% on transport to the clinic, 3% on food during travel, 2% on consultation fees, 2% on medicines, 1% on child care, and 1% on phone calls (Figure 1)

Figure 1. Mean cost to patients for attending one ART visit[1]



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Discussion

- Even though antiretroviral drugs are provided free-of-charge at the point-of-care in Swaziland's public-sector health system, patients still incur costs to attend ART care.
- Because travel and lost income are the largest financial burdens on ART patients, alternative delivery models (differentiated ART with a community-based pathway for stable patients) that do not require travel and time-consuming clinic visits should be considered for future transformations of the HIV treatment response.

[1] Dollar amounts are unadjusted for purchasing power parity.

The Swaziland Ministry of Health, Aidsfonds, and the Clinton Health Access Initiative (CHAI) initiated the *MaxART* programme in Swaziland. The programme partners include the Swaziland Network of People Living with HIV and AIDS (SWANNEPHA) and the Global Network of People Living with HIV (GNP+), the National Emergency Response Council on HIV/AIDS (NERCHA), national and international non-governmental organisations including the Southern Africa HIV & AIDS Information Dissemination Service (SAfAIDS), social scientists from the University of Amsterdam and researchers from the South African Centre for Epidemiological Modelling and Analysis (SACEMA). The *MaxART* Early Access to Art for All implementation study is supported by the Dutch Postcode Lottery in the Netherlands, the Embassy of the Kingdom of the Netherlands in Mozambique, British Colombia Centre of Excellence in Canada, Mylan, and Médecins Sans Frontières.